RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

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FILED VS NOV 9 1960

Registration District No. 149 Primary Registration District No. 1001 Registrar's No. 5270

STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City
Length of stay in 1b: 40 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Menorah Hospital
Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 8420 E. 55th
Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: Louie Middle: Albert Last: Heavener

4. DATE OF DEATH: Month: Oct. Day: 20 Year: 1960

5. SEX: Male
6. COLOR OR RACE: White
7. Married X Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10-3-1906
9. AGE (last birthday): 54
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Helper
10b. KIND OF BUSINESS OR INDUSTRY: KC Board of Education
11. BIRTHPLACE (City and state or country): Webb City, Missouri
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: George W. Heavener
13b. MOTHER'S MAIDEN NAME: Minnie Smith
14. NAME OF HUSBAND OR WIFE: Hazel M. Heavener

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Mrs. Hazel Heavener Address: Kansas City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Atherosclerotic Coronary Artery
DUE TO (c): Disease — 2 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9/6/60, to 10/20/60 and last saw her/him alive on 10/18/60
Death occurred at 8:07 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Marian Lambert MD (Degree or title)
22b. ADDRESS: 1610 5071 Highway KC 24
22c. DATE SIGNED: 10/20/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Oct. 22, 1960
23c. NAME OF CEMETERY OR CREMATORY: Mound Grove Cemetery
23d. LOCATION (City, town, or county) (State): Independence Missouri

24. FUNERAL DIRECTOR: Geo. C. Carson & Sons ADDRESS: Independence, Mo.
25. DATE RECD. BY LOCAL REG.: 10-20-60
26. REGISTRAR'S SIGNATURE: H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Marian Lambert MEDICAL CERTIFICATION DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed George C Parson

Licensed Embalmer No. 2249

P. O. Address Independence

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.